 Recommendation- French professor

**Applicant:**

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term for which you are applying:\_\_\_\_\_\_\_\_\_\_\_

Please complete the upper portion of this form and give it to your French professor. If you waive your right to see the letter, ask your professor to send it directly to Accès.

Please check one:

[ ]  I waive my right to examine this letter of recommendation, understand that it will remain confidential, and will ask my professor to send it directly to Accès.

[ ]  I do not waive my right to examine this letter of recommendation. I will ask my professor to send it to me and I will forward it to Accès.

Student signature: Date:

**­­­­­­­­­­­­Respondent:**

Thank you for taking the time to complete this recommendation for study abroad in Strasbourg France for the above student. If he or she waived the right to review this document, your comments will not be shared with the student. You may return this form to the student or upload it at: <http://www.accesstudyabroad.fr/pages/student-zone/applicants/additional-application-materials.html> .

1. What is your relationship to the applicant?

2. Do you recommend this student for study abroad at this time? Please explain.

3. Please evaluate the student’s French language ability:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ExcellentACTFL Superior CEFR level C1 | Very goodACTFL AdvancedCEFR level B2 | GoodACTFL mid/high intermediateCEFR B1 | FairACTFL high novice/low intermediateCEFR A2 | BeginnerACTFL low/mid noviceCEFR A1 |
| Speaking |  |  |  |  |  |
| Listening |  |  |  |  |  |
| Writing |  |  |  |  |  |
| Reading |  |  |  |  |  |

4. In your opinion, does this student possess the language skills and professionalism necessary to undertake an internship in Strasbourg? Feel free to write comments on a separate sheet.

Your name: Title:

Institution: Your email & telephone:

Signature: Date: